

NDCSW 1320/1 (Rev. 7-03)
S/N 0105-LL-800-0002

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|---|--|---|----------------------------|-----------------------------|
| NAME (LAST, FIRST, MI) | | RATE/RANK | PRD | SOCIAL SECURITY NO. |
| BRANCH/DEPARTMENT | | DATE | EAOS | WORK PHONE NO. |
| TITLE OF COURSE, CONFERENCE (ATTACH BROCHURES, REQUIRED SUPPORTING DOCUMENTATION) | | PURPOSE CODE | FY QTR 1 2 3 4 | DATES (EXCLUDE TRAVEL TIME) |
| LOCATIONS (Specify Hotel/Base/City) | | PURPOSE | | DATES (INCLUDE TRAVEL) |
| ARE GOVERNMENT QUARTERS AVAILABLE? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> (If NO, Indicate Lodging Location _____) | | SPONSORING ORGANIZATION MEMBERSHIP STATUS <input type="checkbox"/> MEMBER <input type="checkbox"/> NON-MEMBER <input type="checkbox"/> N/A | | |
| TYPE OF FUNDING REQUESTED <input type="checkbox"/> FULL <input type="checkbox"/> FEES ONLY (LOCAL TAD) <input type="checkbox"/> OTHER COMMAND <input type="checkbox"/> RENTAL CAR <input type="checkbox"/> AUTHORIZATION ONLY (Provide Documentation) | | | | |
| MODE OF TRAVEL: <input type="checkbox"/> AIR <input type="checkbox"/> POV <input type="checkbox"/> OTHER (Specify _____) | | | | |
| LEAVE DATA: <input type="checkbox"/> NO LEAVE <input type="checkbox"/> BEFORE MEETING FROM TO <input type="checkbox"/> AFTER MEETING FROM TO | | | | |
| LEAVE ADDRESS (IF APPLICABLE) | | DOES MEMBER HAVE AN ACTIVE GOVERNMENT TRAVEL CHARGE CARD? <input type="checkbox"/> YES (Last Time Used _____) <input type="checkbox"/> NO (If NO, Date Applied _____) | | |
| SIGNATURE | | | | |
| RECOMMENDED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A | | WATCH BILL COORDINATOR | | DATE |
| <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A | | DEPARTMENT HEAD | | DATE |
| <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A | | BRANCH DIRECTOR | | DATE |
| <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A | | EDUCATION & TRAINING | | DATE |
| <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A | | COMMAND MASTER CHIEF (ENLISTED ONLY) | | DATE |
| <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A | | DIRECTOR OF CLINICAL SERVICES | | DATE |
| <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A | | DIRECTOR FOR ADMINISTRATION | | DATE |
| <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A | | COMPTROLLER | | DATE |
| <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED | | EXECUTIVE OFFICER | | DATE |
| COMMENTS | | | | |
| COMPTROLLER CLERK USE ONLY | | | | |
| JON: | | TRANSPORTATION: \$ | | |
| TANGO #: | | PER DIEM: \$ | | |
| IS TAD ON TRAVEL PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO | | FEES: \$ | | |
| | | MISCELLANEOUS/OTHER: \$ | | |
| | | TOTAL ESTIMATE: \$ | | |
| | | TRAVEL PLAN ESTIMATE: \$ | | |
| | | NUMBER OF TADS THIS FY: | | |